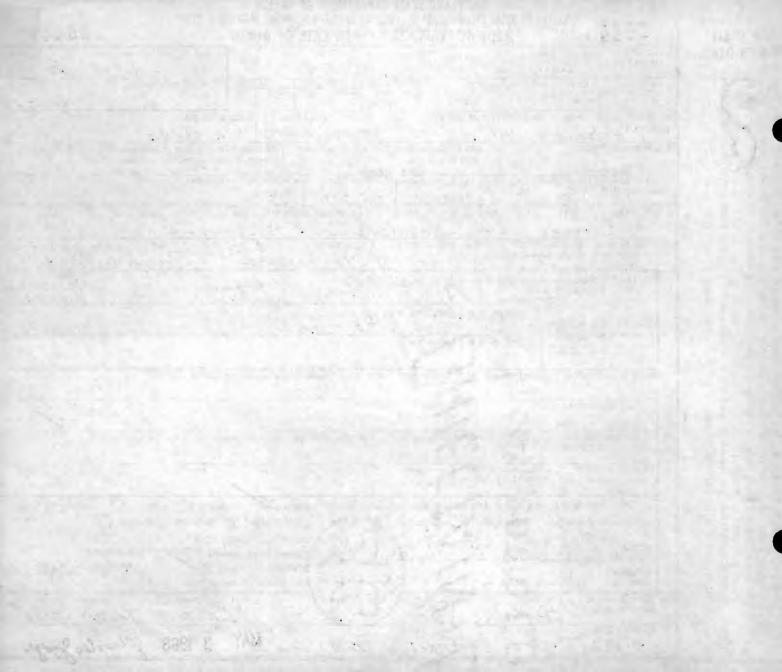
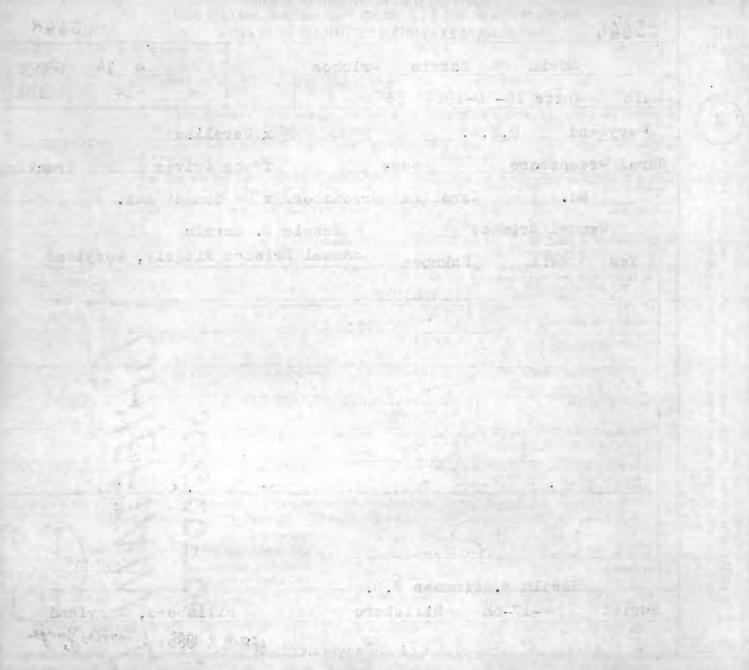
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olCAL Repose exect director. Post princed for DIRECTOR: r to burial r to burial r	22a. I certify that I took charge af the remains described above, held an Autopsy I Inspection , Inquiry ,	and in my apinia
SIC.	death resulted fram: Natural causes 🔼 Ascident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲	
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35448 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month
OF ESTIDEATH MATED 4 2b. HOUR Day (Type or Print) 2, and 5 to PM3 Pe Edwin Morris Briscoe 168830A 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2d. HOUR 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD
Mon# Doy 1 4 LOA Male White 10-10-1914 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Give Pages 1, country Maryland U.S.A. WIDOWED [DIVORCED Caroline after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane Office alang with 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY land 2 with the Rural Greensboro None Truck Driver

CITY LIMITS? | 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13b. COUNTY admission) STATE Greenshards A NO Caroline after 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Samuel Briscoe Bessie D. Morris haurs Examiner's pages within pencil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. (Yes, no, ar unknown) Samuel Briscoe Ridgely, Maryland Unknown les = APPROXIMATE INTERVAL be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a)_ Aphyxiation inntes event DUE TO, OR AS A CONSEQUENCE OF inutes Conditions, if any, which gave Smole Inhatatonn rise to immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Alcholism PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) O of body consum d by the fire remaval, nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO T YES shauld be D 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Dox, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: burial, crematian, Burned to death in Shanty 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County City or Town State factory, office building, etc.) may be retained far yaur FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Greensborro Home Greensbors Carolina -arvland 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry x and in my apinian death resulted from: Natural causes Accident 3 Suicide Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) the 4 Herold B. Plummer M. D. 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BENOVAL (Sequify) 4-17-68 Hillsboro Hillsboro. Maryland 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05449 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) IF UNDER I YEAR 3. SEX 4 RACE DATE OF BIRTH 6. AGE (In years lost/bightay) DAYS 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED [please remave carban papers WIDOWED III DIVORCED event, within 72 The law requires that the death certificate be executed within 24 attending physician and campletely filled permit. Then please remave carban pape IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 136. POUNDY COLD odmissian) STATE YES NO and in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First 17 INFORMANI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ocunicnown APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY permit. Chronic Congestive Cardiac IMMEDIATE CAUSE (o) Failure DUE TO, OR AS A CONSEQUENCE OF burial-transit p Atherosclerotic C. V. Disease Conditions, if ony, which gave) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Nutritional Anemia TO HOSPITAL OR ATTENDING PHYSICIAN: the law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19n DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO | far use of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of wark 220. I certify that (I) (this hospital) attended the deceased from Mar. 5, 19.66, to Apr. 24, 1968 sow the deceased olive on April 23, 1968, and that in (my) (our) opinion death occurred on the date of __19**68**, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING Apr. 26'68 DIRECTOR DEGREE 22e. ADDRESS 220. PHYSICIAN'S H.Stonesifer, M.D. NAME (Type) Greensboro, Md. director, 23d. LOCATION (City or Town) CEMETERY OR CREMATORY (County) (State) 236) BURIAL, CREMATION CAR BNION 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

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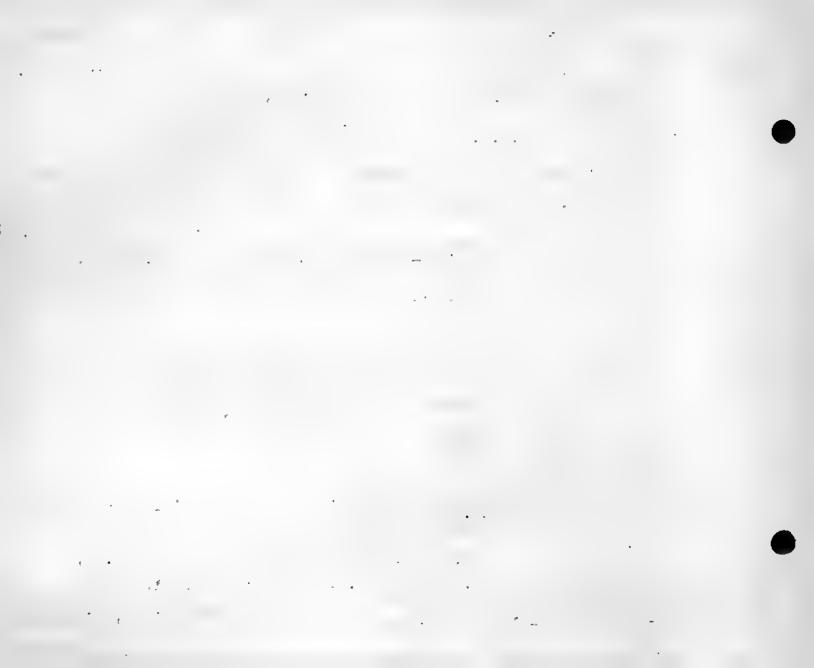
MARYLAND STATE DEPARTMENT OF HEALTH

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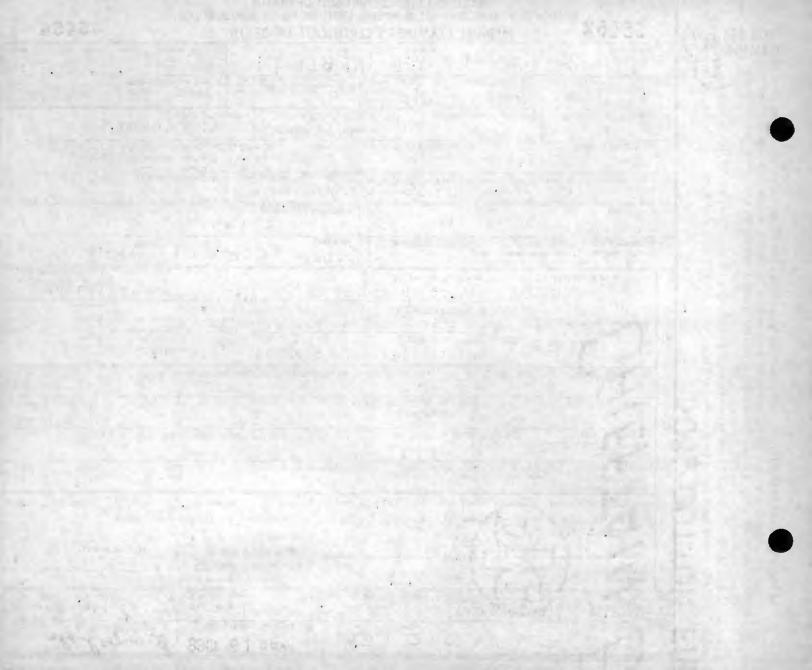
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1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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The Taw attendi has be se as # th prior	CERTIFICATION	190. DATE OF OPERATION 196.	ONDITION FOR WHICH OPERATION WAS PE	YES NO [
CLAN: "ital or nificate of for uraf Health	₹	21 a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	G 21b. TIME OF INJURY HOUR A.M. Manth Day Yeor P.M. 1		ter nature of injury in Part 1 or Port 2, It	em 18.)			
PHYSI ne hasp this cer etached Dept. (MED	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.	21f. LOCATION Street or R F.D N		County State			
ING by the frer state	1	22a. I certify that (I) (thi	s haspital) attended the deceas	ed_from_Nov = 9 , 19	66_, ta_&PJ • 8, 1% pinian death accurred an the dat	8, that (I) (we) last			
END eed A A A A A A A A A A A A A A A A A A	L	saw the deceased al	ive anADT • (l) (we) (did nat) view the	19 <u>00</u> , and that in (my) (aur) a bady after death	pinian death accurred on the dat	e and haur and from the			
Short ith 1	\mathbb{L}	22H. SIGNATORE	(1) (way (coa) (cha har) view me		22c. D	ATE SIGNED			
OR De re de ved w	Y	V Weer C. XF	Jugon les	DEGREE PHYS.	MED. STAFF DAPT	.10.1968			
TO HOSPITAL OR ATTENDING Page 4 may be retained by the To FUNERAL DIRECTOR: After a director, page 3 should be director, page 3 should be should be filed with the State		PHYSICIAN S NAME (Type) Ch	arles H.Stones:	22e. ADDRESS	ensboro, Md. 21				
HOSE TUNE Ferral Could	230	BURIAL, CREMATION, 23b. I	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)			
5 5 5 4 W	L		-11-68 Gree	nsboro	Greensboro,				
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY REGISTIAR 2Sb. REGISTRAR'S	•			
30M KEV. 1/68		1.6. Noula	es Freenslo	20, Mal. DATE	APR 1 5 1968 M	limbas Judge			



MARYLAND STATE DEPARTMENT OF HEALTH	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05454
(Type or Print)) OF ESTI.	ay Year 2b. 10UI
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOU
TO MER 11, 1900 less binhology MONTHS DAYS HOURS MIN. Month 4 DOY 5	Year 1963 P
70. BIRTHPLACE (State or foreign country) 75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH COLONIES	5
	b. KIND OF BUSINESS OR DUSTRY
130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13C CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE NO 13K DOUNTROLLEN BY NO 18.	
14. FATHER'S NAME First Middle MELLER IS. MOTHER'S MAIDEN NAME First Middle CNKNOWN	lasi
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na for unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT PORT TRIBBETT ADDRESS EN	HOT
18. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema	minute
DUE TO, OR AS A CONSEQUENCE OF	N 0 0
rise to immediate cause (a).	nos
stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CHYPERTENLISE Cardio Vascular Disease	10yrs
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home farm street 21t IOCATION Street or R.F.D. No. (ity or Town)	YES NO [C]
21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK WHILE AT WORK AT WORK AT WORK WHILE WH	County State
22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinia
death resulted from: Natural causes 🗵 , Accident 🗌 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner 🗌	
ACTUAL CHIEF MEDICAL EXAMINER CONTROL CALL STATE SEC.	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	F 1
EXAMINER'S NAME (Type) rarol3 B.Plumm r M.D. Deputy MeDical EXAMINER 4/18	V 00
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (State)
24 FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIG	NATURE
CHARLES V. MOORE DENTON MIDE 19 1968 Millerles	Judge



Federalsburg. Md.

el, lugar. 70 - 27,13 W. Drug-Market Committee of the 10 1 x - year trades of an last وه ماها المالية المالي manufacture and the second of A LLE CITE OF STATE O . . . of it is a first to the second of the The state of the s